# BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DOCKET NO. 2016-14-C

IN RE:		
Request for Certification of the Use of	)	
Universal Service Funds Pursuant to 47 C.F.R.	)	
54.314 and Telecommunications Act Section	)	SAFELINK WIRELESS, INC.'S
254(e), Federal Communications CC Docket No.	)	ANNUAL ETC REPORT
96-45 (2016) (Form 481); and Annual Reports	)	
For ETC	)	
	)	

Pursuant to regulation 103.690 of the South Carolina Public Service Commission ("Commission"), SafeLink Wireless Inc. ("SafeLink") hereby submits this Eligible Telecommunications Carrier ("ETC") Annual Report

#### I. <u>BACKGROUND</u>

The Commission, Order 2010-231, dated March 31, 2010, designated SafeLink as an ETC pursuant to 47 U. S.C. \$ 214(e)(2). By letter dated May 1, 2008, the Commission informed the Federal Communications Commission ("FCC") and the Universal Service Administrative Company ("USAC") of this designation. The Commission's initial certification to the FCC and USAC was effective March 31, 2010, the date of its Order designating SafeLink as an ETC. Pursuant to sections 54.313 and 54.314 of the FCC's rules, which requires states to establish an annual certification process for rural and non-rural carriers receiving federal low income support, SafeLink submits this annual report for the purpose of extending its ETC designation and the

Commission's certification of SafeLink's entitlement to receive federal low income support for the 2015 calendar year.

#### II. ANNUAL REPORTING REQUIREMENTS

## 1. Certification of compliance with CTIA Consumer Code or service quality standards in 103-663.

SafeLink certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA – The Wireless Association<sup>®</sup> Consumer Code for Wireless Service, as it is required to do pursuant to Section 54.202(a)(3) of the Federal Communications Commission's rules (47 C.F.R. § 54.202(a)(3)).

#### 2. Progress Report of two-year plan for advertising and outreach.

SafeLink/TracFone works with an external Advertising Agency to develop advertising strategies with the goal of creating awareness by target audience. In South Carolina SafeLink/TracFone advertises in Designated Metro Areas on commercial TV and radio stations, especially those stations whose programming is targeted at communities where qualified customers are likely to be in the audience, as well as, nationally through cable television.

Also, Retailers and Social Service organizations are provided with signage to be displayed where SafeLink/TracFone products are offered and with printed materials describing the SafeLink Lifeline program.

#### 3. Requests for service that were unfulfilled.

None. SafeLink only provides Lifeline service to individuals in South Carolina who qualify to receive Lifeline service. All requests for SafeLink Wireless service by South Carolina residents who have been able to qualify for Lifeline support have been fulfilled.

#### 4. Number of complaints or trouble reports per 1,000 handsets.

The number of complaints per thousand handsets in South Carolina in 2015 was 0.126.

### 5. Certification of compliance with service quality standards and consumer protection rules.

SafeLink certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA – The Wireless Association<sup>®</sup> Consumer Code for Wireless Service, as it is required to do pursuant to Section 54.202(a)(3) of the Federal Communications Commission's rules (47 C.F.R. § 54.202(a)(3)).

# 6. Detailed report and certification that the ETC is able to function in emergency situations.

SafeLink certifies that it will be able to function in emergency situations to the extent that its underlying network providers are able to do so. SafeLink provides service in South Carolina using the networks the several of the leading wireless companies in the nation, including Verizon Wireless, AT&T Mobility, and T-Mobile. SafeLink relies on those networks' reliability in all

situations, including emergency situations. Each of those companies complies with applicable requirements for emergency service, including available power supplies. Those network operators have implemented state-of-the-art network reliability standards and SafeLink and its customers benefit from their high standards. Throughout is more than ten years of existence, SafeLink's service reliability has compared favorably with that of any facilities-based operator in the wireless telecommunications industry.

# 7. Certification that the ETC is offering a local usage plan comparable to that offered by the incumbent LEC in the relevant service areas.

SafeLink certifies that it offers a local usage plan "comparable" to those of the incumbent LECs serving relevant service areas. However, SafeLink notes that "comparable" does not mean "identical." There are significant differences between wireline and wireless service offerings. Unlike traditional wireline offerings, SafeLink does not offer unlimited local service at flat rates. Instead, its service may be used by customers for all manner of calls – local, long distance, intrastate, and interstate, as well as international calls to more than 60 destinations. There are no separate toll charges and no roaming charges. In addition, SafeLink customers receive at no additional charge such vertical service features as call waiting and caller ID. Typically, incumbent wireline LECs charge additional fees for such service features. Given these intrinsic differences between wireline and wireless services, SafeLink's SafeLink Wireless service is comparable with that provided by wireline incumbent LECs.

8. Certification that the carrier acknowledges that the [FCC] may requires it to provide equal access to long distance carriers in the event that no other eligible telecommunications carrier is providing equal access within the service area.

SafeLink certifies that it may be required to provide equal access to long distance carriers in the event that no other ETC is providing equal access within the service area. However, SafeLink reminds the Commission that its wireless service includes calling to all locations (including locations which would involve payment of toll charges if provided by ILECs). Since SafeLink, unlike wireline carriers, including wireline ETCs, does not impose separate charges for what those wireline carriers call "toll" calls, it seems highly improbably that any SafeLink customer would want to equal access to long distance carriers since use of SafeLink's service to place long distance calls would still incur wireless airtime charges.

9. Number of Lifeline Customers as of December 31, 2015.

The number of Safelink customers as of December 31, 2015 was 63,112.

10. Copies of responses to Lifeline Verification Survey or Certification filed with USAC on August 31, 2011.

Please note that this Survey has been eliminated as a result of the FCC Lifeline Reform Order. SafeLink has submitted copies of its FCC Form 481 and FCC Form 555.

### Respectfully Submitted,

Jeremy C. Hodges Nelson Mullins Riley & Scarborough, LLP Post Office Box 11070 Columbia, SC 29201 (803) 255-9766

Stephen Athanson Regulatory Attorney SafeLink Wireless Inc. 9700 N.W. 112<sup>th</sup> Avenue Miami, FL 33178 (305) 715-3613

Counsel for SafeLink Wireless Inc.

### **VERIFICATION**

State of Florida	
County of Miami-Dade	
Stephen Athanson, being duly sworn, states the following	owing:
1. I am Regulatory Counsel for SafeLink Wire make this verification on behalf of Safelink.	less, Inc. ("SafeLink") I am authorized to
2. I have read SafeLink's Annual ETC Report contained therein is true and correct to the best of my knowle	
The matters addressed above are within my persona	al knowledge and are true and correct.
	Stephen Athanson
Taken, sworn to and subscribed before me this	day of August, 2016.
	Notary Public in and for said County

My commission expires on the \_\_\_\_ day of \_\_\_\_\_\_ 20\_\_.

#### VERIFICATION

State of Florida

County of Miami-Dade

Stephen Athanson, being duly sworn, states the following:

- 1. I am Regulatory Counsel for SafeLink Wireless, Inc. ("SafeLink") I am authorized to make this verification on behalf of Safelink.
- 2. I have read SafeLink's Annual ETC Report for 2015. I confirm that the information contained therein is true and correct to the best of my knowledge.

The matters addressed above are within my personal knowledge and are true and correct.

Stephen Athanson

Notary Public in and for said County

My commission expires on the 5 day of 19 201.

YAQUELIN FIALLO
Notary Public - State of Florida
My Comm. Expires May 19, 2017
Commission # FF 017681
Bonded Through National Notary Assn.

### **Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

### IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31<sup>st</sup> (Annually)

certification form for <b>each SAC</b> through which it provides Lifeline service).		
TracFone Wireless Inc.		
ETC Name		
TRACFONE WIRELESS INC.		
Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Yes No O		
C, using page 4 and additional sheets if necessary. Affiliation shall be s Act. That Section defines "affiliate" as "a person that (directly or indirectly) wnership or control with, another person." 47 U.S.C. § 153(2). See also 47		
Affiliated ETC's Name		
t of a position listed in the article of incorporation, articles o is a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance ler is a sole proprietorship, the owner must sign the certification.		
e this section		
rocedures in place to:		
entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household r her enrollment in Lifeline; and/or		
ss to a state database and/or notice of eligibility from the state a the Lifeline program.		
horized to make this certification for the Study Area Code listed		

#### **Section 2:** Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year  (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
59621	0	2733	21427	35461

#### **Recertification Results:**

F	G	$\mathbf{H} = (\mathbf{F} \cdot \mathbf{G})$	I	$\mathbf{J} = (\mathbf{H} + \mathbf{I})$
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible  (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
29152	28697	455	0	455

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
6309	5764

**Note:** If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

#### **Certification:**

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

**A.)** I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial JR

#### AND/OR

<b>B.</b> )	I certify that the company listed above has procedures in place to rec	ertify consumer eligibility by relying on:
	MEDICAID, SSI, TANF	. Results are provided in the chart above in
	Blocks K through L. I am an officer of the company named above.	I am authorized to make this certification for the
	SAC listed above.	
	Initial JR	

OR

**C.)** I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

T *4 * T	
Initial	
umuai	

#### **Section 3:** De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
35461	6219	17.54%

#### **Section 4:** Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid?

Yes **O** 

No O

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	1953
February	1426
March	1436
April	1501
May	1266
June	1552
July	1171
August	1397
September	1723
October	1747
November	1876
December	1729
Total Subscribers	18777

#### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
_jrosado@tracfone.com
Email Address of Officer
Janet Morejon
Person Completing This Certification Form

Javier Rosado - Sr. Officer, Business Development and Government Services

Printed Name and Title of Officer

01/30/2016

Date

305-715-6522

Contact Phone Number

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	249012	
<015>	Study Area Name	TracFone Wireless Inc.	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Janet Morejon	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jmorejon@tracfone.com	
	Form Type	54.422	

	ervice Quality Improvement Reporting ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	249012	
<015>	Study Area Name	TracFone Wireless Inc.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	
<110>	Has your company received its ETC certification from the FCC?  If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) O O	
<112>	If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to conthat the attached document(s), on line 112, contains a progress report on its fix service quality improvement plan pursuant to §54.202(a). The information shall submitted at the wire center level or census block as appropriate.	ve-year	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How much (USF) was used to improve service quality and how support was used to improve	rove service quality	
<116>	How much (USF) was used to improve service coverage and how support was used to im		
<117>	How much (USF) was used to improve service capacity and how support was used to improve service.		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	249012			
<015>	Study Area Name	TracFone Wireless Inc.			
<020>	Program Year	2017			
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon			
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com			
<210>	<210> For the prior calendar year, were there any reportable voice service outages?				

	•	•	•			· ·						
<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
NORS									Did This Outage		
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date		<b>Customers Affected</b>	<b>Total Number of</b>	Affected	Description (Check		Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
									•		
	1										
	1	l		L	l		l	1		I	

• •	fulfilled Service Request lection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control I July 2013	No. 3060-0819
<010>	Study Area Code		249012			
<015>	Study Area Name		TracFone Wireless Inc.			
<020>	Program Year		2017			
<030>	Contact Name - Person USAC should contact regarding this data		Janet Morejon			
<035>	Contact Telephone Number - Number of person identified in dat	a line <030>	3057156522 ext.			
<039>	Contact Email Address - Email Address of person identified in dat	ta line <030>	jmorejon@tracfone.com			
<300> U	Infulfilled service request (voice)					
<310> [	Detail on attempts (voice)					
<320>	Unfulfilled service request (broadband)	Name	e of Attached Document			
<330>	Detail on attempts (broadband)	N	lame of Attached Document			

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should conta	act regarding this data  Janet Morejon
<035>	Contact Telephone Number - Number of p <030>	person identified in data line 3057156522 ext.
<039>	Contact Email Address - Email Address of <030>	person identified in data line jmorejon@tracfone.com
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or o	e telephony service in the prior th you are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	voice
<420>	Complaints per 1000 customers for mobile	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or grethe prior calendar year for each service ar an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated
<440>	Complaints per 1000 customers for fixed b	proadband
<450>	Complaints per 1000 customers for mobile	e broadband

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	249012	
<015>	Study Area Name	TracFone Wireless Inc.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	
<500>	Certify compliance with applicable service quality standards and consumer pro-	otection rules	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	ules Compliance	

(600) Functionality in Emergency Situations		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	249012	
<015> Study Area Name	TracFone Wireless Inc.	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035> Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	
<600> Certify compliance regarding ability to function in emergency situations		
<610> Descriptive document for Functionality in Emergency Situations		

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	249012	
<015> Study Area Name	TracFone Wireless Inc.	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035> Contact Telephone Number - Number of person identified in data	line <030> 3057156522 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> jmorejon@tracfone.com	
<701> Residential Local Service Charge Effective Date  1/1/2016  2702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
ŀ									
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ŀ									+
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(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	49012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
ŀ									

(800) Operating Companies		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010> Study Area Code	249012	

<010>	Study Area Code		249012
<015>	Study Area Name		TracFone Wireless Inc.
<020>	Program Year		2017
<030>	Contact Name - Person	USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jmorejon@tracfone.com
<810>	Reporting Carrier	TracFone Wireless Inc	
<811>	Holding Company	Not Applicable	

<812> Operating Company

TracFone Wireless Inc

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(900) Tri	ibal Lands Reporting	FCC Form 481
Data Co	llection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
		040010
<010>	,	249012 TracFone Wireless Inc.
<015>	,	2017
<020> <030>		Janet Morejon
<035>		3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com
<900>	·	
.500	(,,	
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	
		Name of Attached Document
to confi	company serves Tribal lands, please select (Yes,No, NA) for each these boxes irm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable
<921> <922>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

	oice and Broadband Service Rate Comparability ection Form	ОМІ	Form 481 B Control No. 3060-0986/OMB Control No. 3060-0819 2013
<010>	Study Area Code	249012	
<015>	Study Area Name	TracFone Wireless Inc.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	
<1000>	Voice services rate comparability certification		
<1010>	Attach detailed description for voice services rate comparability compliance	Name of Attached Document	
		Name of Attached Document	
<1020>	Broadband comparability certification		
<1030>	Attach detailed description for broadband comparability compliance	Name of Attached Day	
		Name of Attached Document	

(1100) N	o Terrestrial Backhaul Reporting	FCC Form 481	
-	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	249012	
<015>	Study Area Name	TracFone Wireless Inc.	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	i kbps	

(1200) Te	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
•		
<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP	www.safelinkwireless.com
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2000) Price Ca	ap Carrier Additional Documentation	FCC Form 481
Data Collectio	n Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate	-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
.040:	ty Area Code 249012	
	dy Area Code 249012 Dy Area Name TracFone Wireles:	3 Inc.
	gram Year 2017	
	tact Name - Person USAC should contact regarding this data  Janet Morejon	
<035> Con	tact Telephone Number - Number of person identified in data line <030> 3057156522 ext.	
<039> Con	tact Email Address - Email Address of person identified in data line <030> jmorejon@tracfon	e.com
		recipient of Incremental High Cost support, High Cost support to offset access charge reductions, formation reported on this form and in the documents attached below is accurate.
Inc	remental Connect America Phase I reporting	
<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July	1
12020	2016 certification, this applies to Round 2 recipients of Incremental	
	Support	
2011s		.1
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July	
	2016 certification, this applies to Round 1 recipients of Incremental	
	Support	
<2022>	Recipient certifies, representing year two after filing a notice of	
	acceptance of funding pursuant to 54.312(c), that the locations in	
	question are not receiving support under the Broadband Initiatives	
	Program or the Broadband Technology Opportunities Program for	
	projects that will provide broadband with speeds of at least 4	
	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	
<2023>	The attachment on line 2024 includes a statement of the total amount	nt of
	capital funding expended in the previous year in meeting Connect	
	America Phase I deployment obligations, accompanied by a list of cel	nsus
	blocks indicating where funding was spent. This covers year two -	<u></u>
	54.313(b)(2)(ii). Round 2 recipients only.	
<2024A>	Round 2 Recipient of Incremental Support?	
<2024B>	Attach list of census blocks indicating where funding was spent in year	nr Name of Attached Document Listing
	two - 54.313(b)(2)(ii). Round 2 recipients only.	Required Information
<2025A>	Round 1 or Round 2 Recipient of Incremental Support?	
<2025A>	Round 1 of Round 2 Recipient of incremental support:	
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 1	for Name of Attached Document Listing
	year three and Round 2 for year two) - Connect America Fund , WC	Required Information
	Docket 10-90, Report and Order, FCC 13-	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	
<b>~</b> ZUIJ/	2010 and ratare 1102en Support Certification 47 Cr N § 34.313(c)(4)	

Data Collection For	rrier Additional Documentation (Continued) m eturn Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013	319
<2016>	Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband		
	America Phase II Reporting {47 CFR § 54.313(e)}		
<2017A>	Connect America Fund Phase II recipient?		
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information	
<2018>	cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Name of Attached Document Listing Required Information	
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)		
<2020>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)		
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)		
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)		
<2027>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)		

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Г	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR §		
(3012B)	54.313(f)(1)(ii)} Please Provide Attachment	Name of Attached Document Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	Information (Yes/No)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) with Balance Sheet, Income Statement		
(3017)	and Statement of Cash Flows If the response is yes on line 3014, attach your	Name of Attached Document Listing Required	
(3017)	company's RUS annual report and all required documentation	Information	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS	(Yes/No)	
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

Financial Data Summary	
·	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(555-), 155511, 155555	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
(3034) DIVIGETIOS	
	l.

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ine <030> jmorejon@tracfone.com

#### 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

#### Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

#### Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

#### If yes to 4003A, please provide a response for 4003B.

relevant geographic area.

il yes to 4003A, please provide a response for 4003B.		
<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)	
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	249012
<015>	Study Area Name	TracFone Wireless Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

#### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: TracFone Wireless Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/27/2016

Printed name of Authorized Officer: Javier Rosado

Title or position of Authorized Officer: Sr. Officer Bus. Dvlpmt & Govmt Svcs

Telephone number of Authorized Officer: 3057156575 ext.

Study Area Code of Reporting Carrier: 249012 Filing Due Date for this form: 07/01/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	249012	
<015>	Study Area Name	TracFone Wireless In	c.
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Janet Morejon	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3057156522 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorejon@tracfone.com	1

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier agent; and, to the best of my knowledge, the reports a	is authorized to submit the information reported on behalf of the reporting carrier. y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	nts on Behalf of Reporting Carrier
	norized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informat	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title



(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		249012
<015>	Study Area Name		TracFone Wireless Inc.
<020>	Program Year		2017
<030>	Contact Name - Person USA	AC should contact regarding this data	Janet Morejon
<035>	Contact Telephone Numbe	er - Number of person identified in data line <030>	3057156522 ext.
<039>	Contact Email Address - Em	nail Address of person identified in data line <030>	jmorejon@tracfone.com
<810>	Reporting Carrier	TracFone Wireless Inc	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	TracFone Wireless Inc	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-	SafeLink Wireless Inc	249012	SafeLink Wireless
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# BEFORE THE SOUTH CAROLINA PUBLIC SERVICE COMMISSION

IN RE:	)	Docket No. 2016-14-C
	)	
<b>Request for Certification of the Use</b>	)	
Of Universal Service Funds Pursuant to	)	
47 C,F,R, 54.314 and Telecommunications	)	CERTIFICATE OF SERVICE
Act Section 254(e), Federal	)	
Communications CC Docket No. 96-45	)	
(2016) (Form 481); and Annual Reports	)	
For ETC	)	
	)	

I hereby certify that on August 26, 2016, I served one copy of the Annual Report on behalf of SafeLink Wireless, Inc. by electronic mail to the following individuals:

Jeffrey M. Nelson Office of Regulatory Staff 1401 Main Street, Suite 900 Columbia, SC 29201

s/ Jeremy C. Hodges

Columbia, South Carolina August 26, 2016